

COMPLAINT NUMBER: _____

DATE: _____

LOUISIANA MANUFACTURED HOME INSTALLATION COMPLAINT

PLEASE PRINT OR TYPE (Black Ink)

Consumer _____

Address _____

City _____ State _____ Zip _____

Parish _____ Phone H _____

Phone W _____ Phone C _____

Installer _____

Address _____

City _____ State _____ Zip _____

Phone _____

Date Installation _____

Permit Sticker Number _____

Directions to the Home

Complainant _____

Phone _____

*****PLEASE ATTACH A COPY OF YOUR RECEIPT/CONTRACT FOR THE INSTALLATION TO THIS COMPLAINT*****

COMPLETE FORM AND RETURN TO:

Louisiana Manufactured Housing Commission
8181 Independence Blvd
Baton Rouge, LA 70806
Phone: (225) 362-5500 * Fax: (225)925-3813
Email: troxie.snearl@dps.la.gov

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The margins are consistent on all sides.